Consultation on education programme standards and competencies for nurse practitioner scope of practice

Consultation document

November 2015
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Introduction

This consultation will inform the final stage of the Nursing Council’s review of the nurse practitioner scope of practice. Following a consultation in December 2014 the Council has broadened the nurse practitioner scope of practice and made changes to the education programme leading to registration as a nurse practitioner.

The Council believes that these changes will allow greater flexibility and utility for nurse practitioners to meet future health needs including rural and other underserved and diverse and aging populations. The revised scope of practice also makes the role and contribution of nurse practitioners clearer to employers and the public, and differentiates the nurse practitioner from advanced registered nurse roles.

New scope of practice statement for nurse practitioner:

Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whanau. Nurse practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence, admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings, influence health service delivery and the wider profession.

The Council notes that clinical master’s programmes have become increasingly diverse to meet the needs of newly graduated nurses, nurses in diverse specialties and nurses who wished to become educators, mangers and researchers. The Council has decided to introduce new standards and programme outcomes for education programmes leading to registration as a nurse practitioner. The Council has decided to specify a minimum of 300 hours of protected (outside of the student’s paid work) hours of clinical learning time within the master’s programme for nurse practitioners.

The draft education programme standards build on the previous Standards for postgraduate programmes with nurse prescribing (Nursing Council of New Zealand, 2004) and are designed to support the new, broader scope of practice and the removal of the requirement to restrict nurse practitioners to a specific area of practice. The programme outcomes for the Postgraduate diploma for registered nurse prescribing for long-term and common conditions prescribing (Nursing Council of New Zealand, 2014a) are embedded within the master’s programme for nurse practitioners thus broadening the knowledge base of all nurse practitioners and providing a consistent preparation for all nurse prescribers. The need for greater consistency, a broader practice focus as well as greater clinical content, mentor
support and clinical learning time were supported by submissions from the earlier consultation.

These changes will not come into effect until this consultation is completed and there will be a transition process as the new scope and education programmes are introduced.

More information about the earlier consultation in December 2014 and the decisions made by the Council can be found on its website.

The Council is now consulting on:

- Draft education programme standards that would allow greater consistency between programmes preparing nurse practitioners and give the Council confidence to register nurse practitioner candidates based on assessments of clinical competence within the programmes.

- Ways of ensuring a consistent standard of candidate assessment between programmes e.g. external moderation, involvement of clinical experts.

- Whether nurse practitioner candidates should continue to submit a portfolio to Council to demonstrate clinical competence when applying for registration.

- New competencies for nurse practitioners that are more integrated and concise and reflect the new scope statement. The draft competencies have been refocused on advanced clinical skills and leadership and prescribing has been integrated within the competencies.

- Requiring a year of supervision to support the development of newly registered nurse practitioners.

The Council is responsible for setting the prescribed qualifications for nurse practitioners and accreditting providers of these qualifications under the Health Practitioners Competence Assurance Act (HPCA Act).

**How to make a submission**

We value your views and encourage you to respond to this document. The survey to make a submission can be found here.

The closing date for submissions is **18 December 2015**.

Alternatively you may send your submission to: emmag@nursingcouncil.org.nz
Proposed changes to education programme standards

The Council has specified programme outcomes and more dedicated clinical learning time (a minimum of 300 protected hours i.e. outside of paid work) within nurse practitioner programmes. The Council is now proposing that it specify new standards particularly for student assessment and the nurse practitioner practicum. Before these are discussed, new options for the assessment of nurse practitioner candidates for registration by the Council are proposed. Under section 15 of the HPCA Act, the Council may register a nurse if the applicant is competent to practise in the scope of practice (See Appendix 1, Legislative framework).

Assessment of nurse practitioner candidates

The current process

The registration process was introduced in 2001 and designed to be comprehensive and robust in order to protect public safety and to reassure stakeholders (some of whom opposed the role) that nurse practitioners were safe to practice and prescribe. Over time the process has evolved. The number of members on each panel and participation of medical practitioners has been reduced with a reduction in costs and improved timeframes. Portfolio requirements were reduced in 2014 (Nursing Council of New Zealand, 2014b) but attending the panel interview still has significant challenges for the candidate including preparation and attendance time and travel costs.

Currently a candidate for registration in the nurse practitioner scope of practice submits a portfolio of evidence (including clinical case studies) to the Council to demonstrate how they meet the nurse practitioner competencies. Following desk audit of the portfolio, a panel (a nurse leader/educator and two nurse practitioners) assesses competence to practice through triangulation of portfolio evidence with referee reports and clinical scenario testing at the panel interview. The Council believes the registration process provides a consistent standard for entry to the scope of practice for graduates from the seven different education programmes in New Zealand. Since 2001 confidence in the safety and competence of nurse practitioners has grown.

The current assessment process cannot be maintained with growing numbers of candidates. The Council estimates that it subsidises the cost by $2000 per candidate. The Council has a cost recovery model for other fees and if this assessment process was to continue the application fees would need to increase.

The Council is having difficulty in securing suitably qualified nurse practitioners for panels. In the short term the Council is considering further modifying the registration process by shortening panel interviews to accommodate growing numbers of candidates. The number of assessment panels is projected to increase in 2016/17 with Health Workforce New Zealand (HWNZ) providing additional funding for a nurse practitioner pilot programme for 20 students commencing in 2016.
The Council has considered other models of independent assessment such as a written examination\(^1\) and an Objective Structured Clinical Assessment (OSCE)\(^2\) run once a year by the Council but has decided the development costs and fees for candidates would be too high because of the significantly smaller number of candidates in New Zealand.

**Assessment by the education provider**

Education providers assess students throughout their preparation and have the expertise to develop and provide assessment processes for large numbers of students. The provision of formative and summative assessments of clinical competence throughout the education programme would be beneficial to the student and mean they were prepared to register as a nurse practitioner at satisfactory completion of the programme and did not then face additional requirements of further portfolio preparation and a panel interview.

In Australia competence is assessed within the master’s programmes for nurse practitioners. There are specific requirements for student assessment including a comprehensive summative assessment against nurse practitioner standards for practice (competencies) (Australian Nursing and Midwifery Accreditation Council, 2015). When the candidate applies for registration they must submit a portfolio including the education programme transcript, Curriculum Vitae (C.V.), evidence of practice hours, letters of support, professional development record and professional activities (Nursing and Midwifery Board of Australia, 2015b).

**Options for maintaining a consistent standard and managing conflicting roles**

During pre-consultation interviews/surveys in 2014 some stakeholders had reservations about education providers being involved in assessment of competence for registration. The reasons given were: a conflict of interest; programmes currently too varied; too many programmes; and not an education role. Others said it could be considered if the Council retained the final decision making role. Most of those consulted were clear that it was the Council’s role, as the regulatory body, to make the final judgment on whether a nurse should be registered or not.

During additional discussions with postgraduate providers in 2015 some also expressed concern at the conflict between supporting a student to achieve a qualification and the assessment of competence to practice as a nurse practitioner.

**Option 1: Standards for consistent student assessment**

The Council has considered ways of address these concerns including specifying the types of assessments, the involvement of suitably qualified members of multidisciplinary teams and practice representatives in assessments, particularly the summative assessments. The Council could be involved in setting standards for these assessments and/or closely

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\(^1\) Both Canadian and USA nursing regulatory bodies use American national examinations with a specific population focus (e.g. family, adult, gerontology, primary care, paediatrics). These examinations are offered by independent credentialing organisations that develop and maintain these examinations for the larger numbers of candidates in these countries.

\(^2\) The College of Registered Nurses of British Columbia’s OSCE is a structured performance test that uses 16 patient interactive examination stations depicting various clinical scenarios.
monitoring them. The Council may require the education providers to undertake external moderation of assessments.

The Council is also proposing education standards that require the coordinator of the programme to manage student selection and performance both academically and clinically to achieve the programme outcomes. This is similar to the requirements in the undergraduate education programme standards.

The advantages of this approach are that assessment of nurse practitioner candidates is sustainable and costs do not continue to grow for the Council and the candidate. The portfolio requirements would be reduced or be completed within the programme. The panel interview would not occur and the process for nurse practitioner registration would be reduced. The disadvantages are the potential for real or perceived conflict of interest or inconsistencies in the assessment of students. This could lead to potential risks to public safety as nurse practitioners are able to practice independently as a lead healthcare provider.

Option 2: The candidate also submits a portfolio of learning to the Council
In addition the candidate could be required to submit a portfolio of learning completed during the programme (e.g. including case reviews, reflections, clinical logs) to the Council in addition to the evidence required for registration e.g. education programme transcript, Curriculum Vitae (C.V.), evidence of practice hours, letters of support, professional development record and professional activities. The Council would then have this assessed by a Council approved assessor (a nurse practitioner trained in the assessment requirements for registration) to confirm that the candidate demonstrates the nurse practitioner competencies and that their application meets the required standards for registration. This would allow the Council to continue to moderate the registration process for candidates without the cost and resource challenges of the current process.

The advantages of this option are that it allows the Council to make the decision on competence to practice and meet the evidence requirements for registration but reduces the costs of the assessment process. It also reduces the time and costs (e.g. travel costs) for the nurse practitioner candidate to gain registration compared to the current process. The nurse practitioner candidate would develop the portfolio within the programme and would not have to attend an assessment panel interview at the Council. The disadvantages would be a delay in registration of up to 20 working days while the portfolio was assessed. The Council could consider phasing out the portfolio assessment if there is confidence in the education provider assessment in the future and no risks to public safety are identified.

Student assessment standards
The Council is proposing a number of standards related to student assessment in the Draft education programme standards for the nurse practitioner scope of practice (Appendix 2). Two of the standards that specify particular assessments be used within programmes to assess the competence of students are included below. A variety of assessments allows triangulation of evidence and different methods allows for the assessment of different competencies i.e. knowledge, technical skills, communication skills by written and verbal means.
Draft education standards: student assessment

8.4. The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and as required for professional practice as a nurse practitioner including:
   a. a portfolio of learning and clinical log of practice experience
   b. simulated scenario based assessment
   c. viva voce clinical assessment
   d. observation in clinical practice settings.

8.10. Comprehensive summative assessment of the student’s achievement of the Competencies for nurse practitioners on completion of the programme. This assessment includes a comprehensive summative clinical viva voce within the student’s nominated area of practice by suitably qualified members of the multidisciplinary team and should demonstrate achievement of the programme outcomes.

Nurse practitioners are the clinical teaching staff

Draft education standard

2.5. Clinical teaching staff for each student’s practice experience are qualified nurse practitioners with expertise in a relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience.

This proposed standard reflects the Council’s wish to have lecturers who understand the clinical requirements of the nurse practitioner role preparing, supporting and monitoring students in their practice experience. The Council is aware that there are a small number of nurse practitioners but believes it is the right time to introduce this standard. It is aware that most education programmes are utilising nurse practitioners as teachers.

The nurse practitioner practicum

The Council has proposed specified requirements for the nurse practitioner practicum in section 9. These include the education provider’s role in negotiating practice experience with the clinical provider, ensuring that clinical mentors are appropriately educated for their role and providing practical guidance and support. Students are required to develop learning goals and mentors are required to assist the students to develop advanced skills across more than one setting. The Council has emphasised the importance of partnership between education and practice and co-design of practice experience, and preparation of the student before the practice experience.

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3 This is a clinical examination of the student’s ability to apply knowledge and skills to a clinical situation. A definition can be found in the glossary of the Draft education programme standards, Appendix 2

4 ‘Suitably qualified members’ refers to health care professionals recognised by education and health service providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a clinical field relevant to the scope of practice of the student; a thorough understanding of the role and scope of nurse practitioner practice; and appropriate preparation and training in undertaking student assessment. Nurse practitioners should be included as part of this team(Australian Nursing and Midwifery Accreditation Council, 2015).
This approach incorporates the principles of work integrated learning (WIL) which includes curricular, teaching/learning and assessment practices that integrates formal and work-based learning to enhance tertiary students’ experiential learning opportunities and orientation to ‘real world’ professional practice. WIL relies on a partnership between students, workplace organisation and education providers and seeks to enhance graduates employability/work readiness. Assessment includes strategies to assess students’ engagement and skill and knowledge development associated with the workplace activities and industry partners may be involved in formative and or summative student assessments (Martin, Rees, & Edwards, 2011).

The 17 standards related to the nurse practitioner practicum can be found in Appendix 2, section 9. Please note that where a candidate has completed a 150 hour practicum for prescribing, this can be included as part of the 300 protected (outside student’s paid work hours) hours of practice experience.

### Consultation questions Draft education programme standards

**Option 1: Standards for consistent student assessment**

Do you support the assessment of competence of nurse practitioner candidates within specified education programmes as outlined in the Draft education programme standards? Please give your reasons.

Do you think any of the following requirements will address potential conflict of interest and ensure assessments of nurse practitioner candidates are completed to a consistent standard?

a. Involving suitably qualified members of the multidisciplinary team and practice representatives and/or

b. External moderation of assessments by other education providers and/or

c. Setting standards for assessment and closer moderation by the Council.

Please give your reasons or any other suggestions

**Option 2: The candidate also submits a portfolio of learning to the Council**

Do you support the candidate also submitting a portfolio of learning to the Council? Please give your reasons
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<th>Student assessment standards</th>
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<td>Do you support the assessment methods outlined in 8.4 and 8.10 of the <em>draft education programme standards</em>?</td>
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<td>a. a portfolio of learning and clinical log of practice experience</td>
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<td>b. simulated scenario based assessment</td>
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<td>c. viva voce clinical assessment</td>
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<td>d. observation in clinical practice settings.</td>
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<th>Nurse practitioners are the clinical teaching staff</th>
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<td>Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?</td>
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<td>Please give your reasons</td>
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<th>The nurse practitioner practicum</th>
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<td>Do you support the standards for the nurse practitioner practicum outlined in section 9 of the <em>draft education programme standards</em>?</td>
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<th>General questions</th>
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<td>Do you support the draft education programme standards?</td>
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| Any other comments related to the draft education programme standards? |
Proposed draft competencies for nurse practitioners

The Draft competencies for nurse practitioners (Appendix 3) are based on the Nursing and Midwifery Board of Australia (NMBA) Nurse practitioner standards for practice (2014). The NMBA undertook an extensive engagement with stakeholders including consumers and work-based observation of nurse practitioner practice (Cashin et al., 2015). The feedback received led them to focus on clinical attributes including leadership and differences with the registered nurse scope of practice, to simplify the language of the practice standards so they were more clearly understood and described minimum requirements for new nurse practitioners.

The practice standards have been adapted to align them with the new scope of practice statement and to reflect New Zealand’s legal and health care context. In 2014 nurse practitioner became a prescribing scope of practice. This enables the competencies for prescribing to be integrated with other advanced clinical skills e.g. assessment and diagnostic reasoning. The setting of Competencies for nurse prescribing (Nursing Council of New Zealand, 2014c) now means that the detailed competencies related to prescribing do not need to be repeated within the nurse practitioner competencies.

The draft competencies include a significant focus on nurse practitioners accountability including their legislated accountability and potential for greater statutory functions under the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill 2015. In addition the draft competencies include consideration of Maori and population health, and emphasise advanced nursing and independent practice to reflect the Council’s new scope statement for nurse practitioners. The review has reduced the number of competencies for nurse practitioners from 20 to 11.

The Council has continued to use the term competency which is used in most other similar jurisdictions and is in line with the wording of the HPCA Act (2003). The Council has introduced the term element to replace indicator in the draft competencies. The reason for this is that the Council considers that elements are important descriptors of nurse practitioner competence to be used to inform an assessment of competence.

Competency elements will also provide education providers with detail to develop and complete nurse practitioner candidate assessments. The competencies and elements set minimum requirements for the education programme and the key clinical competencies (i.e. those that are critical for public safety) that could be tested by the education provider through a viva voce or other assessments and can be used by the Council to describe expected standards of nurse practitioner practice. It is anticipated that the proposed competencies and elements provide clear benchmarking for education providers to assess nurse practitioner candidates. This could also assist in external moderation between education providers and to support the Council monitoring of education programmes.

Nurse practitioners are also expected to meet the Competencies for registered nurses (Nursing Council of New Zealand, 2007) and the Competencies for nurse prescribers (Nursing Council of New Zealand, 2014c). In this document duplication with these other sets of competencies has been minimised and the specific skills and knowledge required of a nurse practitioner has been emphasised. This, along with an emphasis on the nurse

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5 Currently nine out of the twenty nurse practitioner competencies relate specifically to prescribing.
practitioners role as a lead health care provider, means that many of the nursing skills of nurse practitioners are implicit within the competencies.

The draft competencies are organised into four domains (themes) and describe the skills, knowledge and attitudes for nurse practitioner practice. The knowledge and skills related to education, research and leadership activities are integrated within these clinically focused competencies.

The four domains are:
• Advances practice and improves health outcomes
• Assesses using diagnostic capacity
• Plans care and engages others
• Prescribes, implements and evaluates therapeutic interventions

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<th>Consultation questions draft competencies</th>
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<tr>
<td>Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?</td>
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<tr>
<td>Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?</td>
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Proposal for new nurse practitioners to be supervised for one year

The Council is aware of the significant role changes expected of registered nurses when they become nurse practitioners. The Council has considered ways it can better support nurse practitioners and is proposing that all nurse practitioners are required to have supervision in their first year of practice. This is similar to the requirement for designated nurse prescribers to have supervision for one year. This does not mean direct supervision but a regular requirement for case review and mentoring. The clinical supervisor, an experienced nurse practitioner or vocationally registered doctor would then complete a competence assessment to be submitted to Council at the end of the first year of practice as a nurse practitioner. This proposal would also reduce any potential risks to the public of proposed changes to the assessment of competence of nurse practitioner candidates.

**Supervision:** This can be formal or informal. Formal supervision involves regular protected time spend with a mentor or supervisor to enable facilitated in-depth reflection on clinical practice, for example using case review. Informal supervision is the day to day communication and conversation providing advice, guidance or support as and when necessary.

Adapted from *Guideline: Medical supervision of diabetes registered nurse prescribing* (Nursing Council of New Zealand (2014d)).

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<th>Consultation question supervision</th>
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<tr>
<td>Do you support newly registered nurse practitioners practising under supervision for one year?</td>
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<td>Please give you reasons</td>
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References


Appendix 1: Legislative framework

Section 12(1)(2) of the Act states:

1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

   a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:

   b) the successful completion of a degree, course of studies, or programme accredited by the authority;

   c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:

   d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:

   e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

Section 13 of the Act, states:

In prescribing qualifications…each authority must be guided by the following principles:

a) the qualifications must be necessary to protect members of the public

b) the qualifications may not unnecessarily restrict the registration of persons as health practitioners, and

c) the qualifications may not impose undue cost on health practitioners and the public.

Section 15 of the Act, states:

Requirements for registration of practitioners

(1) The authority appointed in respect of a health profession may register an applicant as a health practitioner permitted to practise within a scope of practice if the applicant—

   (a) is fit for registration in accordance with section 16; and
(b) has the qualifications that are prescribed, under section 12, for that scope of practice; and
(c) is competent to practise within that scope of practice.

(2) An authority may, for the purposes of subsection (1)(b), treat any overseas qualification as a prescribed qualification if, in the opinion of the authority, that qualification is equivalent to, or as satisfactory as, a prescribed qualification.

(3) An authority may vary a prescribed qualification in any case where the authority—
(a) proposes to limit the health services that the applicant will be permitted to perform; and
(b) is satisfied that the varied qualification is adequate—
(i) for the performance of those health services; and
(ii) for the protection of the public.
Appendix 2: Draft education programme standards for the nurse practitioner scope of practice

Draft education programme standards for the nurse practitioner scope of practice

November 2015
Introduction and background

Under the Health Practitioners Competence Assurance Act 2003 (the Act), the Nursing Council of New Zealand (the Council) is the authority responsible for the registration of nurses. In accordance with section 12 of the Act, the Council prescribes qualifications for scopes of practice. In addition the Act requires the Council to accredit these qualifications and monitor any New Zealand tertiary education provider that is providing such an accredited qualification. The functions of the Council that relate to education and registration are set out in sections 12, 15, 16, 45 and 118 of the Act (see final section of this document).

Applicants for registration as a nurse practitioner must complete a Council-accredited master’s programme and meet the competencies for the nurse practitioner scope of practice. The education programme standards for nurse practitioner master’s programmes have the programme outcomes for the Postgraduate diploma in registered nurse prescribing for long-term and common conditions and Competencies for nurse prescribers (2014) embedded within them. This means that the qualification for Designated prescriber: registered nurses practising in primary health and specialty teams can be credited to a nurse practitioner master’s programme. It also means that there is a consistent educational foundation for both types of prescribers. It will also broaden and make more consistent the preparation for all nurse practitioners. Students can choose to complete the postgraduate diploma in prescribing and then complete the master’s programme or complete the prescribing practicum towards the end of the master’s programme. At completion of the master’s programme the student will also be expected to have completed an assessment against the Competencies for nurse prescribers (Nursing Council of New Zealand, 2014).

The provision of master’s programmes for nurse practitioners will be limited to tertiary education providers also providing the Council-accredited Postgraduate diploma in registered nurse prescribing for long-term and common conditions programmes as these qualifications have similar content and are required to be provided to a consistent standard.

Upon award of the qualification, graduates will be eligible to apply to the Council for registration as a nurse practitioner with prescribing rights as an authorised prescriber under the Medicines Act 1981.

The Council acknowledges the work of the Australian Nursing and Midwifery Council (ANMAC) Nurse Practitioner Accreditation Standards 2015 and Canadian Association of Schools of Nursing (CASN) Nurse Practitioner Education in Canada: National Framework of Guiding Principles and Essential Components (2012) that have informed and contributed to these draft standards.

Please note the sections in the standards shaded in grey have already been decided by the Council following the previous consultation. They are not being consulted on again but are included for completeness.

6 See (Nursing Council of New Zealand, 2014) Education programme standards for the Postgraduate diploma in registered nurse prescribing for long-term and common conditions
1. The education provider

1.1 The tertiary education provider must meet the requirements as specified in the Act, Council policy, and as contained in these standards.

1.2 The tertiary education provider must be accredited by the Council to provide a master’s degree for nurse practitioner registration and a Postgraduate diploma in registered nurse prescribing for long-term and common conditions programme in New Zealand under sections 12(2)(a) and 118(a) of the Act (see Appendix 1).

1.3 The tertiary education provider must implement effective quality assurance and quality improvement systems, and demonstrate their application to registered nurse prescribing and nurse practitioner programmes. The programme must be approved/accredited through the relevant Committee for University Academic Programmes or NZQA-approval/accreditation process.

1.4 The tertiary education provider must have a governance structure that supports high-quality teaching and learning, scholarship, research and ongoing evaluation across all learning settings.

1.5 Staff, facilities, online tools, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.

1.6 Responsibility and control of programme development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.

2. Academic and clinical teaching staff

2.1 The Head of Nursing holds current registration as a registered nurse, holds a relevant postgraduate qualification, maintains active involvement in the nursing profession and has strong engagement with contemporary nursing education and research.

2.2 Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners to support student learning.

2.3 Academic staff are qualified for their level of teaching with a tertiary qualification higher than the programme of study being taught.

2.4 Staff teaching and assessing nursing practitioner specific subjects, including those with pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.

2.5 Clinical teaching staff for each student’s practice experience are registered nurse practitioners with expertise in a relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience.
2.6 In cases where an academic staff member’s tertiary qualifications do not include nursing, their qualifications and experience are directly relevant to the subject/s they are teaching.

2.7 Processes are in place to ensure academic staff demonstrate engagement in research, scholarship and practice in the subject/s they teach.

2.8 Teaching and learning takes place in an active research environment where academic staff are engaged in research, scholarship or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.

2.9 Policies and processes to verify and monitor the academic and professional credentials of current and incoming staff, including current practising certificates where applicable, and to evaluate their performance and development needs.

2.10 The coordinator of the nurse practitioner master’s programme will be a registered nurse with a current practising certificate and will have the authority and responsibility for decision making regarding:

- The entry criteria for student selection in order to meet requirements for fitness for registration in accordance with section 16 of the Act.
- An individual student’s progress, including academic and professional misconduct, through the programme in order to meet requirements of section 16 of the Act.
- The delivery and ongoing development of the programme.
- Processes are in place to enable early identification and support for students who are not performing well academically, clinically or who have fitness to practice issues. The education provider must demonstrate a process for exiting, or managing into alternative education pathways, students who are not achieving academic, clinical or professional outcomes, and who would not meet the requirements of section 15 & 16 of the Act.

3. Entry requirements to the master’s programme

3.1 Applicants must be a registered nurse with a current practising certificate and in good standing with the Council.

3.2 Applicants must have completed a minimum of three years equivalent full time relevant practice within the last five years (with at least one year of the three years of equivalent full time practice in New Zealand).

3.3 Applicants whose first language is not English must provide certified results of an IELTS score of 7.0 in the academic module (with no individual band below 7.0). They must also demonstrate the communication skills to be able to undertake the practice experience requirements of the programme.

3.4 Providers of programmes leading to master’s qualifications are responsible for establishing other entry requirements. Admission as a student to a master’s
programme for nurse practitioners should be based on the evaluation of documentary evidence (including the academic record) of the individual applicant’s ability to undertake postgraduate study of professional practice leading to registration as a nurse practitioner (refer to New Zealand Qualifications Authority)\(^7\).

3.5 Specific requirements for right of entry to health services for practice experience including immunisation and police vetting.

3.6 Maori and Pacific students are encouraged to apply and are advised of, and have access facilitated to, cultural support resources.

4. **Entry requirements for the nurse practitioner practicum**

4.1 The student is required to:

- hold a current practising certificate and must have completed three years’ equivalent full-time practice in the area of practice she/he will be intending to practice as a nurse practitioner in New Zealand.
- have a collaborative working relationship with a multidisciplinary team and have the support of a nurse practitioner mentor and a vocationally registered medical practitioner who will support her/him to develop the advanced skills and knowledge required for nurse practitioner practice.
- undertake the practicum in an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education.
- have identified and have access to **two areas of clinical practice** in which to develop the advanced skills and knowledge required for nurse practitioner practice. One area should be relevant to their intended area of prescribing practice and the other area should broaden their clinical learning experience.

5. **Credit recognition**

5.1 The education provider must have credit recognition policy that conforms with the Council’s policy.

5.2 Credit recognition involves recognising and giving credit for learning that has occurred as part of a qualification. This learning is measured against the learning outcomes of the master’s programme leading to registration as a nurse practitioner.

5.3 Each tertiary education provider must have a credit recognition policy and procedure against which to assess individual student applications. Credit recognition policies and procedures will be reviewed during the Council’s monitoring of the programme.

5.4 Credit recognition must be granted on the basis of a student’s qualifications. The proposed individual programme to be undertaken by the student must be sufficient in

theory and clinical experience to enable the student to meet the Competencies for nurse prescribing and the Competencies for nurse practitioners.

5.5 Prior learning within a qualification may be cross-credited. However, all students must undertake the nurse practitioner practicum.

5.6 The Council retains the right to seek justification of any credit granted through the credit recognition process.

5.7 Statements of programme completion (academic transcripts) must outline any credit granted.

5.8 Any qualifications from overseas must be authenticated and assessed by NZQA.

5.9 Consideration should be given to the length of time since completion of the qualification when considering credit recognition.

6. Programme structure and curriculum

6.1 The master’s programme is equivalent to 2,400 hours of study including 240 credits. The master’s degree must comprise a minimum of 40 credits at level 9 with the remainder at level 8\(^8\). (Not for consultation).

6.2 The duration of the programme is expected to be aligned with the requirements for postgraduate-level qualifications and must include sufficient face-to-face contact time to enable students to learn alongside other students; to share and consolidate their learning. Other ways of learning, such as distance learning and open learning formats, may be used provided they complement face-to-face contact time and attendance requirements.

6.3 The structure of the programme must encourage development of critical thinking and reflective practice and the application of research and theory to advanced practice. It must prepare graduates for the autonomy, clinical judgement, collaborative relationships and level of accountability in the nurse practitioner scope of practice. A map of the content against the Competencies for nurse practitioners and the Competencies for nurse prescribers that shows the links between learning outcomes, assessments and graduate competencies is required.

6.4 The tertiary education provider must ensure effective links are maintained with the nursing profession and other relevant stakeholders in the development of curriculum and the delivery of the programme. The programme must have an advisory committee demonstrating partnership with consumers, professional organisations, primary and secondary health providers and representatives of the

communities where nurse practitioners may be employed e.g. rural, Maori, high needs.

6.5 The tertiary education provider has policies and practices which ensure the programme is underpinned by current research and scholarship in nursing, pharmacology, prescribing, education and health. The curriculum is based on national health priorities and contemporary health care and practice trends.

6.6 The curriculum addresses competencies related to interprofessional practice and provides educational opportunities to enhance knowledge related to interprofessional teaching, scholarship and practice. Partnerships are established within and across programmes and practice experience locations to support interprofessional education.

7. Programme content (Not for consultation)

Following the successful completion of the following programme outcomes for the master’s degree for nurse practitioners, the student will be able to:

1. Demonstrate advanced knowledge of pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of and prescribing for clients with long term and common conditions in New Zealand. This includes Maori and Pacific peoples and older adults.

2. Integrate a broad base of theoretical scientific and clinical knowledge and skill within a framework of nurse practitioner practice; demonstrate a high level of clinical proficiency in complex client situations and an ability to practise across healthcare contexts.

3. Apply critical thinking, clinical reasoning, and problem solving to determine differential diagnoses and apply advanced pharmacological knowledge when make prescribing decisions.

4. Critically appraise scientific literature, integrate research findings into nurse practitioner practice, and integrate research to advance practice and health services to develop innovative solutions across healthcare settings.

5. Demonstrate a high level of interpersonal skills: communicate effectively and establish effective collegial relationships with interprofessional teams and work in consultation and collaboration with clients, whanau and diverse communities.

6. Make diagnostic and therapeutic interventions utilising current technology to inform practice; proactively seeking and evaluating new information and technologies to improve client outcomes.

7. Recognise the values intrinsic to nurse practitioner practice; demonstrate a commitment to lifelong learning through critical reflection, self-monitoring and be able to mentor and enhance the professional development of others.

8. Critique health policies from a population health perspective; synthesise legal and socio political issues in healthcare and organisational, policy and funding/business influences on practice and health outcomes.

9. Demonstrate a sound understanding of current legislation related to nurse practitioner practice; work in an autonomous and accountable practice framework as a senior member of interprofessional teams; demonstrate high level clinical leadership and management skills.
10. Demonstrate achievement of the Council Competencies for nurse practitioner.

(Adapted from Curtin University: Master of Nursing (Nurse Practitioner) Learning outcomes)

8. Student assessment

The programme provider demonstrates:

8.1 A consistent approach to student assessment across teaching sites and modalities that is regularly reviewed and updated.

8.2 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.

8.3 Formative and summative assessment exist across the programme to enhance individual and group learning as well as inform student progression.

8.4 The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and as required for professional practice as a nurse practitioner including:
   a. a portfolio of learning and clinical log of practice experience
   b. simulated scenario based assessment
   c. viva voce clinical assessment
   d. observation in clinical practice settings.

8.5 A range of instruments, validated where possible, are used in practice experience assessment to evaluate student knowledge, skills, behaviours and capacity to meet the Competencies for nurse practitioners.

8.6 Ultimate accountability for the assessment of students in relation to practice experience.

8.7 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.

8.8 Processes to ensure the integrity of online assessment.

8.9 Collaboration between the education provider, health service provider/s and other stakeholders involved in practice experience in selecting, implementing and evaluating assessment methods.
8.10 Comprehensive summative assessment of the student’s achievement of the Competencies for nurse practitioners on completion of the programme. This assessment includes a comprehensive summative clinical viva voce within the student’s nominated area of practice by suitably qualified\(^9\) members of the multidisciplinary team and should demonstrate achievement of the programme outcomes.

8.11 For students who have not completed a Postgraduate diploma in nurse prescribing before commencing the nurse practitioner master’s programme the assessment methodology tests all aspects of prescribing and must include a practical assessment and confirmation of the student’s clinical, physical examination and decision-making skills and confirm they meet the Competencies for nurse prescribers.

8.12 The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking schedule.

9. The nurse practitioner practicum

9.1 Risk management strategies in all environments where students are placed are regularly reviewed and updated.

9.2 The nurse practitioner practicum component of the programme must consist of at least 300\(^10\) hours of protected (outside of the students paid work hours) clinical learning time within a collaborative health team environment. (Not for consultation) The education provider must negotiate practice experiences and clinical mentors for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the programme.

9.3 The student will have clinical mentoring from a nurse practitioner and/or a vocationally registered doctor who will support the student to develop the skills to practice as a nurse practitioner and an authorised prescriber.

9.4 The nurse practitioner practicum will include opportunities to further integrate academic theory with diagnostic and clinical decision making skills for more complex health consumers and to develop advanced leadership, collaborative and innovative clinical practice skills, working with population groups across more than one setting.

\(^9\) ‘Suitably qualified members’ refers to health care professionals recognised by education and health service providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a clinical field relevant to the scope of practice of the student; a thorough understanding of the role and scope of nurse practitioner practice; and appropriate preparation and training in undertaking student assessment. Nurse practitioners should be included as part of this team.

\(^10\) A prescribing practicum of 150 hours as part of the postgraduate diploma in prescribing may be credited as part of the 300 hours.
9.5 The education provider must have formal agreement with the organisations providing practice experience, including the allocation of clinical mentors and student assessment.

9.6 The health provider organisation agrees to provide a high quality practice experience and appropriate learning opportunities.

9.7 The health provider organisation supports nurse prescribing and nurse practitioner practice through policies, processes and continuing professional development. The organisation offers a range of learning opportunities, i.e. there is an opportunity to assess and provide nursing interventions for a variety of health consumers and an opportunity to work with professionals from other disciplines.

9.8 The student is allocated an appropriate workload and is able to demonstrate the competencies and management skills required for clinical practice.

9.9 The student participates in the practice experience on a supernumerary basis.

9.10 The student develops learning goals at the beginning of the practicum.

9.11 The student has an opportunity to demonstrate all the competencies when managing the nursing care for clients with complex needs.

9.12 The student, clinical mentor and academic mentor complete a formative assessment at the beginning of the placement and the student then establishes learning goals.

9.13 The student receives timely and specific feedback.

9.14 The student is encouraged to assess their own performance and refine learning goals. The student and clinical mentor will meet regularly for supervision and case review.

9.15 **The role of the clinical mentors in the nurse practitioner practicum is to:**

- assist the student to further develop diagnostic and clinical decision making skills with more complex health consumers relevant to their proposed role as a nurse practitioner.

- assist the student to develop consultative and collaborative leadership and advanced practice skills for population groups across more than one setting.

- assess the achievement of the learning outcomes by the student, and confirm the completion of the equivalent of 300\(^{11}\) hours of protected (outside of paid work hours) clinical learning time.

\(^{11}\) A prescribing practicum of 150 hours as part of the postgraduate diploma in prescribing may be credited as part of the 300 hours.
• complete an assessment and professional declaration which confirms that in his/her opinion the student has met the skills and competencies required of the nurse practitioner scope of practice in collaboration with the academic mentor.

9.16 The role of the tertiary education provider in the nurse practitioner practicum is to:

• ensure a nurse practitioner with a current practising certificate is employed within the programme to ensure that student’s progress satisfactory in their clinical learning and in completion of assessment requirements.

• ensure non-nurse practitioner clinical mentors are oriented to the nurse practitioner role/scope of practice.

• ensure the clinical mentors have the education and experience appropriate to their roles, are familiar with the requirements of the programme, and have clear and practical guidance on their role in the assessment of the student against the Competencies for nurse practitioners.

• work with the student and clinical mentors to identify the learning objectives and performance expectations for the acquirement of specific clinical and leadership skills.

• obtain formal evidence and confirmation from both clinical mentors that the student has satisfactorily completed at least 300\(^{12}\) hours of protected clinical learning time and has the skills and competence demonstrated in practice to meet the requirements of the nurse practitioner practicum and the Competencies for nurse practitioners.

• provide the student and clinical mentors with clear and practical guidance on completion of the practicum, including:
  
  o the expectations for direct and indirect supervised practice. The supervised practice can involve student support and experience with other members of the team, other prescribers and external contributors;

  o use of mentoring techniques commensurate with student progress such as demonstration, observation and review of clinical cases;

  o requirements for formative and summative assessment of the student against the Competencies for nurse practitioners;

  o practical guidance, support and quality assurance of any summative assessments carried out by the clinical mentors on behalf of the education provider;

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\(^{12}\) A prescribing practicum of 150 hours as part of the postgraduate diploma in prescribing may be credited as part of the 300 hours.
o a structured workbook or portfolio for recording the completion of 300 hours in practice, achievement of learning outcomes and professional declaration that the student is competent to practice as a nurse practitioner;

o a formal mechanism for ongoing discussion about student progress between academic staff, the clinical mentors and the student during the practicum.

9.17 No student may be given more than two opportunities to pass the nurse practitioner practicum.

10. Programme evaluation and quality

10.1 The tertiary education provider will be evaluated against the outcomes of the programme in relation to students’ subsequent registration as a nurse practitioner.

10.2 Regular evaluation of academic and clinical mentor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.

10.3 Practice experience is evaluated by students and clinical mentors at completion.

10.4 Evaluations are used by the provider to improve the quality of the practice experience.

10.5 Professional and academic development is provided for staff to advance knowledge and competence in teaching effectiveness and assessment.

10.6 Feedback gained from the quality cycle is incorporated into the programme in consultation with stakeholders, including healthcare consumer advocates to improve the experience of theory and practice learning for students.

10.7 Regular evaluation and revision of programme content to include contemporary and emerging issues surrounding nurse practitioner practice, health care research and health policy and reform.

10.8 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.
Glossary

Clinical mentoring: Mentoring is a process by which the mentor is able to support and help the student to develop their knowledge, skills, thinking and behaviours and thus problem solving and performance.

Clinical teaching staff: Nurse practitioners employed for clinical and/or theoretical teaching.

Competencies: Skills, knowledge and attitudes by which performance and professional conduct is assessed to obtain registration and maintain competence as a nurse practitioner.

Curriculum: The full outline of a program of study, usually built around a conceptual framework with the educational and professional nursing or philosophies underpinning the curriculum and includes: the philosophy for the program; the program structure and delivery modes; subject outlines; linkages between subject objectives, learning outcomes and their assessment, and national competencies or standards of practice; teaching and learning strategies; and a workplace experience plan.

Education provider: University, or other higher education provider, responsible for a program of study, the graduates of which are eligible to apply to the Nursing Council for registration or prescribing rights.

Health Practitioner Competence Assurance Act 2003: The purpose is to protect the public by ensuring nurses are safe and competent to practice. This legislation covers the registration of nurses, accreditation of programmes, complaints, health and competence.

Interprofessional learning: Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Learning contract: Identified and agreed learning objectives for practicum including a plan for achieving and regular clinical supervision meetings.

Patient-centred Care: The patient/client and family (if applicable) are at the centre of care, and engaged in health care decision-making with the health care team. There is a focus on patient/client health care goals and needs, and there is a balance of health care team expertise and personal knowledge of the patient/client/family (CIHC, 2010c).

Practice experience (practicum): A clinical learning experience designed to practice and integrate advanced clinical skills, role identity and professional skills for nurse practitioner practice.

Programme: The full programme of study and experiences that must be completed before a qualification can be awarded.

Scholarship: Application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society.

Supernumerary: is where the student undertakes practice experience outside their employed position or when they are not counted in the staffing roster.

Supervision: This can be formal or informal. Formal supervision involves regular protected time spend with a mentor or supervisor to enable facilitated in-depth reflection on clinical practice, for example using case review. Informal supervision is
the day to day communication and conversation providing advice, guidance or support as and when necessary

**Student assessment** Formative and summative processes used to determine a student’s achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

**Viva voce clinical examination** viva voce, meaning ‘living voice’, the clinical viva examination is a method of assessing students’ ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used essentially all derived from two basic models. The ‘short case’ that focuses on specific skills or sub-skills and can take the form of an Objective Structured Clinical Examination (OSCE) or a case presentation on a specific clinical activity; this approach is usually a formative assessment. The ‘long case’ model is used as summative assessment. It seeks to examine the student’s ability to apply knowledge in an actual clinical situation. The long case exam requires the student to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. The long case model assesses learning outcomes related to deep learning, application and synthesis of knowledge and high level clinical reasoning.
Reference: Health Practitioners Competence Assurance Act 2003 sections 12, 15, 16, 45(4) (5) and 118

12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.
(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:
   (a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:
   (b) the successful completion of a degree, course of studies, or programme accredited by the authority:
   (c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:
   (d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:
   (e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.
(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.
(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose.

15 Requirements for registration of practitioners

(1) The authority appointed in respect of a health profession may register an applicant as a health practitioner permitted to practise within a scope of practice if the applicant—
   (a) is fit for registration in accordance with section 16; and
   (b) has the qualifications that are prescribed, under section 12, for that scope of practice; and
   (c) is competent to practise within that scope of practice.
(2) An authority may, for the purposes of subsection (1)(b), treat any overseas qualification as a prescribed qualification if, in the opinion of the authority, that qualification is equivalent to, or as satisfactory as, a prescribed qualification.
(3) An authority may vary a prescribed qualification in any case where the authority—
   (a) proposes to limit the health services that the applicant will be permitted to perform; and
   (b) is satisfied that the varied qualification is adequate—
      (i) for the performance of those health services; and
      (ii) for the protection of the public.
16 Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if—

(a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or
(b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or
(c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or
(e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or
(g) he or she—

(i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or of a similar body in another country; and
(ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.

45 Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a course of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.
118 Functions of authorities

The functions of each authority appointed in respect of a health profession are as follows:

(a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
(b) to authorise the registration of health practitioners under this Act, and to maintain registers:
(c) to consider applications for annual practising certificates:
(d) to review and promote the competence of health practitioners:
(e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:
(f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners:
(g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public:
(h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:
(i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession:
(j) to liaise with other authorities appointed under this Act about matters of common interest:
(k) to promote education and training in the profession:
(l) to promote public awareness of the responsibilities of the authority:
(m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.
Acknowledgment

The Nursing Council acknowledges the kind permission of the Nursing and Midwifery Board of Australia (NMBA) to adapt The nurse practitioner standards for practice (2014).
Domain One: Assesses using diagnostic capacity

**Competency 1: Conducts comprehensive, relevant and holistic health assessments.**

*Elements*

1.1 Demonstrates extensive knowledge of human sciences and comprehensive/systemic health assessment.

1.2 Demonstrates comprehensive and systematic skill in obtaining and interpreting relevant, appropriate and accurate data including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health that inform differential diagnoses.

1.3 Assesses the complex and/or unstable healthcare needs of the health consumer including the impact of comorbidities through synthesis and prioritisation of historical and available data.

1.4 Demonstrates comprehensive skill in clinical examination and nursing assessment including physical, mental health, social, ethnic and cultural dimensions.

1.5 Actively explores the health consumer’s concerns, preferences, health behaviours, attitudes and priorities when identifying health consumer problems.

**Competency 2: Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making.**

*Elements*

2.1 Demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the health consumer when ordering and/or performing selected screening and diagnostic investigations.

2.2 Accepts responsibility and accountability for the interpretation and appropriate follow-up associated with screening and/or diagnostic test results.

2.3 Uses effective communication strategies to inform the health consumer and relevant health professionals of health assessment findings and diagnoses.

**Competency 3: Applies diagnostic reasoning to formulate diagnoses.**

*Elements*

3.1 Synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics, and societal processes when making a diagnosis.

3.2 Considers the health consumer’s expectations of assessment, diagnosis and cost of healthcare.

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13 An individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer. This term is used in the Health Practitioners Competence Assurance Act (2003).
3.3 Acts to prevent and/or diagnose urgent and emergent and life threatening situations.

3.4 Determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the health consumer’s history and best available evidence.

**Domain Two: Plans care and engages others**

**Competency 4: Educates and supports others to enable their active participation in care.**

*Elements*

4.1 Ethically explores therapeutic options considering implications for care through the integration of assessment information, the health consumer’s informed decision and best available evidence.

4.2 Respects the rights of the health consumer to make informed decisions throughout their health/illness experience or episode of care, whilst taking accountability to ensure access to accurate and appropriately interpreted information.

4.3 Assesses and contributes to health literacy by sharing knowledge with the health consumer and their family/whanau where relevant to achieve evidence-informed management plan.

4.4 Uses appropriate teaching/learning strategies to provide diagnostic information and health education that is relevant, theory-based and evidence-informed to meet health consumer and others learning needs.

**Competency 5: Works collaboratively to optimise health outcomes for health consumers/population groups.**

*Elements*

5.1 Leads and collaborates with other health professionals and agencies to ensure timely access and smooth transition to quality services for the health consumer.

5.2 Consults with and/or refers to other health services, disability services, aged-care providers and community agencies at any point in the care continuum.

5.3 Effects nursing practice and healthcare change using broad based skills including negotiating, consensus building and partnering.

5.4 Demonstrates nursing leadership skills to foster and maintain collegial relationships by communicating and engaging effectively and professionally with diverse groups and stakeholders to improve healthcare.

5.5 Articulates the nurse practitioner role and promotes nursing in clinical, political and professional contexts.
Competency 6: Integrates evidence and applies principles of quality use of medicines and therapeutic interventions in planning care.

Elements

6.1 Makes decisions about healthcare management and interventions informed by critical evaluation of relevant research findings.

6.2 Develops an individual plan of care and communicates this to health consumer and appropriate members of the healthcare team and relevant agencies.

6.3 Exhibits a comprehensive knowledge of pharmacology to make safe and appropriate risk-benefit prescribing decisions.

6.4 Works in partnership with the health consumer to determine therapeutic goals and options.

6.5 Verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions.

6.6 Demonstrates accountability in considering access, cost and clinical efficacy when planning treatment, including medicines.

6.7 Critically evaluates the causes of antimicrobial resistance and the importance of incorporating non-pharmacological strategies and knowledge of local resistance patterns into prescribing practice.

6.8 Demonstrates the ability to recognise situations of drug misuse and drug seeking, and takes appropriate action.

Domain Three: Prescribes, implements and evaluates therapeutic interventions

Competency 7: Prescribes indicated non-pharmacological and pharmacological interventions.

Elements

7.1 Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the health consumer.

7.2 Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions.

7.3 Leads care management by directing and supporting the contribution of health professionals and others.

7.4 Makes appropriate decisions regarding admission and discharge of health consumers from healthcare services.

7.5 Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations.
Competency 8: Maintains relationships with people at the centre of care.

**Elements**

8.1 Demonstrates respect for difference in cultural, social and developmental responses to health and illness and incorporates health beliefs of the health consumer / community into care planning and implementation.

8.2 Supports, educates, coaches, counsels and works in partnership with the health consumer and their family/whanau where relevant regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions.

8.3 Advises the health consumer and their family/whanau where relevant on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up.

8.4 Discloses the facts of adverse events to the health consumer and other health professionals; mitigates harm and reports adverse events to appropriate authorities.

Competency 9: Monitors and evaluates the effectiveness of clinical interventions/ care.

**Elements**

9.1 Monitors, critically evaluates and documents treatments/interventions in accordance with health consumer- determined goals and healthcare system outcomes.

9.2 Considers a plan for appropriately ceasing and/or modifying treatment in partnership with the health consumer, and other members of the healthcare team.

9.3 Uses relevant tools to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice.

9.4 Monitors and minimises risks to health consumers and healthcare service providers at the individual and systems level.
Domain Four: Advances practice and improves health outcomes

Competency 10: Accountable for independent advanced nursing practice.

Elements

10.1 Demonstrates responsibility and accountability for actions as a lead healthcare provider and when managing episodes of care.

10.2 Provides the full spectrum of healthcare services in relation to health consumer/population group including health promotion and protection, guidance and counselling, disease management, maintenance and restoration of health, rehabilitation and palliative care.

10.3 Articulates safe boundaries around a clearly defined area of practice and demonstrates timely referral and consultation when an issue is outside scope of practice, area of practice, experience or competence.

10.4 Self-monitors and critically reflects on nursing practice including through regular professional supervision, collaborative case review and audits of practice, including prescribing.

10.5 Continually reviews and updates advanced nursing knowledge and skills to ensure currency and adaptability to address broad and changing population health needs and to practice safely across healthcare settings.

10.6 Understands responsibilities and accountabilities when undertaking activities which have a statutory function for example, cause of death certification, authorised prescriber.

Competency 11: Participates in, and leads systems that support safe care, community partnership and population health improvements.

Elements

11.1 Applies knowledge of health systems, new technologies, policy and funding to advocate for innovative changes to healthcare services to improve access, equity of outcomes, quality and cost-effective healthcare.

11.2 Influences and critiques health, disability and aged-care policy and nursing practice through leadership and active participation in workplace and professional organisations.

11.3 Incorporates advanced nursing knowledge and understanding of diversity, cultural safety and socio-economic determinants of health when planning and providing healthcare services.

11.4 Demonstrates advanced knowledge of Maori health and socio-economic disparities and works in partnership with local iwi/ Maori health providers to contribute to improvements in health outcomes.

11.5 Leads practice by educating and mentoring nursing colleagues including other prescribers.

11.6 Shares new knowledge and research through discussions, presentations, publications, and the development of best practice guidelines.